

# VDF FORM 3-1R – VIRGINIA DEFENSE AUXILIARY REQUEST

## | | INDIVIDUAL'S REQUEST FOR TRANSFER TO VDF AUXILIARY

<b>Through: Channels/ To: CDR VDF, Attn. G1</b>	<b>This form is to be attached to an executed Form 3R requesting transfer to the Auxiliary from this individual's unit. Refer to Policy Letter 09-01</b>	<b>Date:</b>
Request that: LAST NAME, FIRST NAME, M.I.		Phone:
Full Mailing Address: (include City,State,Zip) (HOR):		
Reason for Request:		
I will be available for disaster/emergency operations?   Yes   No		
Signature of Requestor		

## | | INDIVIDUAL'S REQUEST FOR TRANSFER FROM VDF AUXILIARY

<b>Through: Channels/ To: CDR VDF, Attn. G1</b>	<b>This form is to be attached to an executed Form 3R requesting transfer to the Auxiliary from this individual's unit. Refer to Policy Letter 09-01</b>	<b>Date:</b>
Request that: LAST NAME, FIRST NAME, M.I.		Phone:
Full Mailing Address: (include City,State,Zip) (HOR):		
I request to be returned to VDF active service.		
Signature of Requestor		